Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER UC Berkeley Custodians, Cooks, Groundskeepers and Nurse Assistants Supporting Aisha Wahab for Senate 2022 sponsored by American Federation of State, County and Municipal Employees Local 3299				Date of This Filing	12/23/2022	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (510)844-1160		I.D. NUMBER (if applicable) 1447541		Report No	122322		For Official Use Only	
STREET ADDRESS				Amendmer to Report No.		Page 1 of 2		
CITY Oakland			P CODE 1612	(explain below) No. of Pages_	2			
Late Contrib	oution(s) Received							
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF B	AMOUNT RECEIVED	
11/02/2022	East and South Bay Workin Oakland, CA 94612 ID# 1451915	g Families United sponsored b	y labor organizations		☐ IND ■ COM □ OTH □ PTY □ SCC			\$40,000.00
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER UC Berkeley Custodians, Cooks, Groundskeepers and Nurse Assistants Supporting Aisha Wahab for Senate 2022 sponsored by American Federation of State, County and Municipal Employees Local 3299				Date of This Filing 12/23/2022	-	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER I.E		I.D. NUMBER (if applicable 1447541		Report No	-		For Official Use Only		
STREET ADDRESS		,		Amendment to Report No.	_	Page 2 of 2			
CITY STATE ZIP CA 946:		ZIP CODE 94612	(explain below) No. of Pages 2	-					
Late Contri	bution(s) Mad	le			·				
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC